Form 10-a1 Confined Space Pre-job Assessment Form

| Supervisor L | | Location Date: | | |
|---|--|--|--------------------|-------------------------------|
| Project P | | roject No. Safety Contact | | |
| Scope and Description of Work: | | | | |
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| <u></u> | T | T | <u> </u> | |
| Potential Hazards | Physical Control Methods – Air | What are the consequences if | Permissible | Type PPE |
| Identified | Gap, Blinding, Double Blocks, Bleed & Flush, Lockout, | people or the environment is exposed to hazard? – Attach | Exposure Limits | Required – Clothing, SCBA, |
| be specific | Ventilation, Purging, Disconnect, | MSDS and other documents | | Respiratory, etc. |
| Use Additional | etc | | Chapter One P | |
| Paper if necessary | | | EL | |
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| What method will be used to physically clean the confined space of hazardous liquids, gases, and other toxic substances? | | | | |
| what method will be used to physically cream the commed space of nazardous neuros, gares, and outer toure substances. | | | | |
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| What safety equipment is required? | | | | |
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| What hazards will be generated by the work to be done? For example: painting, welding, grinding, material removal spills? | | | | |
| what hazards will be generated by the work to be done? For example: painting, weiging, grinding, material removal spins? | | | | |
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| How will emergency rescue be performed and who will be responsible for rescue operations? | | | | |
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| What type of rescue system will be used? | | | | |
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| Who will perform the work? Are they Trained? Are they qualified to do the work? | | | | |
| Name | CS Trained? | Other Training need | led | Assignment |
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| Name of City of Austin "Authorizing Agent" who has knowledge of contents and hazards and will declare space safe for entry: | | | | |
| and nazardo and will decide option only. | | | | |
| General Comments: | | | | |